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	OR EXTENSION (Lar	Docket No. POU920010067US1			
In Re Application (Of: Brank J. Degili	o, et al.			
Application No. 09/881,325	Filing Date 6/14/2001	Examiner David E. England	Customer No.	Group Art Unit	Confirmation No.
Invention: AME	THOD FOR SENSI	ng the status of a clien	JI EDODA A CON	_	/141
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				CEI	RECEIVED VITRAL FAX CENTER
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					MAR 0 9 2005
		COMMISSIONER FOR PAT	ENTS:		
his is a request un	der the provisions o	f 37 CFR 1.136(a) to extend the	o period for filing	n a reconnec to i	he Office Assis
f	9/9/2004 abov	e-identified application.	e period for mini	a response to t	ine Office Action
he requested exter	nsion is as follows (d	check time period desired):			
One month			□ Four mo	onths Li P	ive months
from:	December 9, 20	04 until:		9, 2005	WO MIDINGIS
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he fee for the exte	nsion of time is	\$1,020 and is to be pa	id as follows:		
A check in the	amount of the fee	is enclosed.			
The Director is Deposit Accou	s hereby authorized ant No. 06-1130	to charge any fees which may	be required, or	credit any overpa	syment, to
	140: 00-1130	s required, please consider this			
any additional	fees which may be	required to Deposit Account N	s a pelilion lhere o. 06-1130	for and charge	
		O-2038 is attached.			
WARNING: In	formation on this	form may become public. Cr	edit card inform	nation should n	ot be
mended on ti	nis form. Provide (credit card information and a	uthorization or	PTO-2038.	
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Marinalpo	Signature		Dated: March	9, 2005	·
irisa J. Dubue, Reg	No. 46, 673				
ntor Colburn, IAP Griffin Road South	•	· ·			
omfield, CT 06002			I hereby certify	that this correct	pondence is boing
one: 860-286-2929 t: 860-286-0115			sufficient postage addressed to "Com	as first class manifestions of the control of the c	Postal Service with all In an envelope als, P.O. Box 1450.
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PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

PÓU 920010067

		LAIMS AS	FILED - P		(Colum	n 2)		SMALL ENT TYPE		OR_	OTHER SMALL E	
TOTAL CLAIMS			20					RATE	FEE		RATE	FEE
OR		NUMBER FILED NUMBER EXTRA		REXTRA		BASIC FEE	355.00	OR	SASIC FEE	710.00		
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